Complete Summary

TITLE

Chronic wound care: percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer without a prescription or recommendation to use wet to dry dressings.

SOURCE(S)

American Society for Plastic Surgeons (ASPS), Physician Consortium for Performance Improvement®, National Committee for Quality Assurance (NCQA). Chronic wound care physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Aug. 35 p. [19 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer without a prescription or recommendation to use wet to dry dressings.

RATIONALE

A moist wound environment is essential to accelerate wound healing. Nevertheless, "wet to dry and gauze dressings are the most widely used primary dressing material in the United States" and evidence suggests that they are used inappropriately. In a recent study examining wound care practices, the use of dressings to maintain moist wound conditions ranged from 41.7% to 58.5% for diabetic and venous ulcers, respectively. Wet-to-dry dressings should not be

utilized in the care of patients with chronic wounds as they may actually impede healing and are associated with an increased risk of infection, prolonged inflammation, and increased patient discomfort.

The following clinical recommendation statements are quoted <u>verbatim</u> from the referenced clinical guidelines and represent the evidence base for the measure:

Use clinical judgment to select a wound dressing that facilitates continued moisture. Wet-to-dry dressings are not considered continuously moist. Continuously moist saline gauze dressings are as effective as other types of moist wound healing in terms of healing rate, although they may have other drawbacks such as maceration of the peri-ulcer skin, practicality of use, and cost effectiveness. It can also be very difficult, practically, to keep gauze dressings continuously moist. (Wound Healing Society [WHS], 2006)

Maintain moist environment

- Remove soluble factors detrimental to wound healing
- Use appropriate dressings (available evidence shows no superiority in dressing materials)
- Consider classic dressings (gauze, foam, hydrocolloid, hydrogels)
- Consider bioactive dressings (American Society of Plastic Surgeons [ASPS], 2007)

PRIMARY CLINICAL COMPONENT

Chronic wound care; chronic skin ulcer; wet to dry dressings

DENOMINATOR DESCRIPTION

All patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer (see the related "Denominator Inclusion/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patient visits without a prescription or recommendation to use wet to dry dressings

Note: Refer to the original measure documentation for administrative codes.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

Chronic wounds of the lower extremity.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Jones KR, Fennie K, Lenihan A. Evidence-based management of chronic wounds. Adv Skin Wound Care2007 Nov;20(11):591-600. [42 references] PubMed

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patient visits for those patients aged 18 years and older with a diagnosis of chronic skin ulcer

Note: Refer to the original measure documentation for administrative codes.

Exclusions

Documentation of medical reason(s) for prescribing/recommending the use of wet to dry dressings (e.g., presence of necrotic tissue requiring debridement, highly exudative wound that is unlikely to dry out between dressing changes)

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patient visits without a prescription or recommendation to use wet to dry dressings

Note: Refer to the original measure documentation for administrative codes.

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #2: use of wet to dry dressings in patients with chronic skin ulcers (overuse measure).

MEASURE COLLECTION

The Physician Consortium for Performance Improvement® Measurement Sets

MEASURE SET NAME

SUBMITTER

American Medical Association on behalf of the American Society of Plastic Surgeons, Physician Consortium for Performance Improvement®, and National Committee for Quality Assurance

DEVELOPER

American Society of Plastic Surgeons National Committee for Quality Assurance Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Scott Endsley, MD, MSc (*Co-Chair*); William A. Wooden, MD, FACS (*Co-Chair*); Nicholas Biasotto, DO; Kathleen Lawrence, RN, MSN, CWOCN; Sergey V. Bogdan, MD; Andrew Maurano, PA-C; Stephen K. Bubb, MD; Mark Morasch, MD; H. Gunner Deery, II, MD, FACP, FIDSA; Jessica Pedersen, MBA, OTR/L, ATP; Dirk M. Elston, MD; Michael M. Priebe, MD; Elof Eriksson, MD; Aamir Siddiqui, MD; George Fueredi, MD; Carole (Carrie) Sussman, PT, DPT; Matthew G. Garoufalis, DPM; Amy Wandel, MD, FACS; Sarah Kagan, PhD, RN

American Society of Plastic Surgeons: Melanie Dolak, MHA

American Medical Association: Joseph Gave, MPH; Karen Kmetik, PhD; Shannon Sims, MD, PhD; Samantha Tierney, MPH

National Committee for Quality Assurance: Phil Renner, MBA

PCPI Consultants: Rebecca Kresowik; Timothy Kresowik, MD

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2008 Aug

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

American Society for Plastic Surgeons (ASPS), Physician Consortium for Performance Improvement®, National Committee for Quality Assurance (NCQA). Chronic wound care physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Aug. 35 p. [19 references]

MEASURE AVAILABILITY

The individual measure, "Measure #2: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers (Overuse Measure)," is published in "Chronic Wound Care Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cgi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on April 7, 2009. The information was verified by the measure developer on June 4, 2009.

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Date Modified: 7/27/2009

